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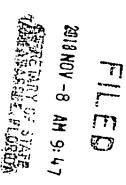
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## **COVER LETTER**

**Division of Corporations** Graham Auto Detailing SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Valerie Marcati Name of Person Alliance Financial Services of Florida Firm/Company 2101 Vista Pkwy Address West Palm Beach, FL 33411 City/State and Zip Code Valerie.alliancefinancial@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valerie Marcati Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Graham Auto Detailing LLC	
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
he Articles of Organization for this Limited Liability Company were	e filed on 08/24/2016 and assigned
orida document number L16000159241	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability	company here:
egant Car Spa LLC	
e new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
ntar nove national offices address if a Backley	
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	NO II
nter new mailing address, if applicable:	12 6
Tailing address MAY BE A POST OFFICE BOX	
quing uturess MAT BE A FOST OFFICE BOAT	
<b>7</b> 0	
If amending the registered agent and/or registered office gistered agent and/or the new registered office address here:	address on our records, enter the name of the
gistered agent and of the new registered office address here.	
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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n effective	date is listed, th	e date must be	e specific an	d cannot b	e prior to d	ate of filing	or more than	90 days after	filing.) Purs	uant to 6	05.02
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Filing Fee: \$25.00